Case 17-04242 Doc 1 Filed 02/14/17 Entered 02/14/17 16:40:40 Desc Main Document Page 1 of 28 Fill in this information to identify your case: FILED United States Bankruptcy Court for the: UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS Northern District of Illinois FEB 14 2017 Case number (If known): Chapter you are filing under: Chapter 7 Chapter 11 JEFFREY P. ALLSTEADT, CLERK Chapter 12 Check if this is an Chapter 13 amended filing Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/15 The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car." the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your government-issued picture First name identification (for example, your driver's license or passport). Middle name Bring your picture Last name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name vears Middle name Include your married or Middle name maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - 8 1 2 6 your Social Security 9 xx - xx - 8 1 2 C number or federal Individual Taxpayer

(ITIN)

Identification number

9 xx - xx -____

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Debtor 1

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	I have not used any business names or EINs.	I have not used any business names or EINs.
	Include trade names and doing business as names	Business name	Business name
		EIN	EIN EIN
		EIN	EIN -
5.	Where you live		If Debtor 2 lives at a different address:
		7300 5 Shore Drive Aption	Number Street
		ChicaGo IL 60649 City State ZIP Code COOK	City State ZiP Code
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	Gounty If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		7300 S- Shore Drive Number Street Apt 1001 P.O. Box Chicago II backed City State ZIP Code	Number Street P.O. Box City State ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)
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Debtor 1

Necthoach y Duhart
First Name Middle Name Last Name

Case number (if known)_

P	ort 2: Tell the Court Abou	ut Your Bankruptcy Case				
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.				
		☐ Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
Solveninis Lob		Chapter 13				
8.	How you will pay the fee	☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.				
		Ineed to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).				
☐ I request that my fee be waived (You may request this option only if you are filing for C By law, a judge may, but is not required to, waive your fee, and may do so only if your incless than 150% of the official poverty line that applies to your family size and you are una pay the fee in installments). If you choose this option, you must fill out the Application to Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.						
9.	Have you filed for bankruptcy within the last 8 years?	No Northern FL Ves. District 12-45138 When MM/DD/YYYY District When MM/DD/YYYY District 15-412-867 When MM/DD/YYYY MM/DD/YYYY Case number 12-45138 MM/DD/YYYY Case number 15-42867				
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an	Yes. Debtor Relationship to you District When Case number, if known				
	affiliate?	Debtor Relationship to you District When Case number, if known				
11.	Do you rent your residence?	☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? ☐ No. Go to line 12. ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with				

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Debtor 1

Document

Case number (if known)

2. Are you a sole proprie						
of any full- or part-time business?		☐ Yes. Name and location of business				
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as	Name of business, if	any				
a corporation, partnership, LLC.	or Number Street					
If you have more than one sole proprietorship, use a separate sheet and attach i to this petition.	it City	State ZIP Code				
	•					
		iate box to describe your business:				
		usiness (as defined in 11 U.S.C. § 101(27A))				
		eal Estate (as defined in 11 U.S.C. § 101(51B))				
		s defined in 11 U.S.C. § 101(53A))				
		oker (as defined in 11 U.S.C. § 101(6))				
the control with the control of the	☐ None of the abo	ove				
Bankruptcy Code and are you a small busines debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	any of these documents do No. I am not filing under	napter 11, but I am NOT a small business debtor according to the definition in				
	Yes. I am filing under Ch Bankruptcy Code.	napter 11 and I am a small business debtor according to the definition in the				
Part 4: Report if You Ov	wn or Have Any Hazardous I	Property or Any Property That Needs Immediate Attention				
. Do you own or have an	y LINO					
property that poses or alleged to pose a threat of imminent and	is _	d?				
identifiable hazard to public health or safety? Or do you own any	?					
property that needs immediate attention?	If immediate atten	tion is needed, why is it needed?				
For example, do you own perishable goods, or livestoo that must be fed, or a buildir that needs urgent repairs?						
	Where is the prop	erty?Street				
		City State ZIP Code				

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Debtor 1

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counselina.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Α	bo	ut	D	eb	tor	1	į

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why vou were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

L	I am not required to receive a briefing abou
	credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

Nackhoach Y First Name Middle Name

Case number (if known)

Pa	ort 6: Answer These Ques	stions for Reporting Purpose	es				
16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
	you nave?	☐ No. Go to line 16b. ☐ Yes. Go to line 17.					
		16b. Are your debts primaril money for a business or inve	ly business debts? Busine estment or through the operati	ess debts are debts that ion of the business or in	you incurred to obtain vestment.		
		☐ No. Go to line 16c. ☐ Yes. Go to line 17.					
		16c. State the type of debts you o	owe that are not consumer del	ots or business debts.			
17.	Are you filing under Chapter 7?	No. I am not filing under Cha	pter 7. Go to line 18.	CONTROL OF A STATE OF THE STATE	etterdinenti († 7 Ali n. 1909) tildatat stadistinande udvikadiska vilja i Lazijaši kajudistjavnje konjunaju u		
	Do you estimate that after any exempt property is excluded and administrative expenses	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? No					
*************	are paid that funds will be available for distribution to unsecured creditors?	☐ Yes	verdiret de Novelan Constitution de Government de Constitution				
18.	How many creditors do you estimate that you	☐ 1-49 ☐ 50-99	1,000-5,000 5,001-10,000		01-50,000 01-100,000		
	owe?	☐ 100-199 ☐ 200-999	10,001-25,000		than 100,000		
19.	How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 mil	n	,000,001-\$1 billion 00,000,001-\$10 billion 000,000,001-\$50 billion than \$50 billion		
20.	How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 millio \$50,000,001-\$100 millio \$100,000,001-\$500 mil	n	,000,001-\$1 billion 00,000,001-\$10 billion 000,000,001-\$50 billion than \$50 billion		
Pa	⊓ €7 A Sign Below	4 \$300,001-\$1 trailor	 \$100,000,001-\$300 His	mon u wore	than \$50 dimon		
Fo	r you	I have examined this petition, and correct.	I I declare under penalty of per	rjury that the information	ı provided is true and		
		If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7.					
		If no attorney represents me and this document, I have obtained an			ttorney to help me fill out		
		I request relief in accordance with	the chapter of title 11, United	States Code, specified	in this petition.		
		I understand making a false state with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, an	in fines up to \$250,000, or im				
		* South	<u> </u>				
		Signature of Debtor 1		Signature of Debtor 2			
		Executed on OZ 14-1	m	Executed on MM / DD	/YYYY		

Doc 1 Filed 02/14/17 Entered 02/14/17 16:40:40 Desc Main Case 17-04242 Document Page 7 of 28 Debtor 1 Case number (if known) I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility For your attorney, if you are to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief represented by one available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no if you are not represented knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. by an attorney, you do not need to file this page. Date Signature of Attorney for Debtor MM DD / YYYY Printed name Firm name Number Street City State ZIP Code Contact phone _ Email address Bar number State

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Debtor 1

Neekhoach 4

Duhant

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious actio consequences?	n with long-term financial and legal
No. Wes	
Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprisoned.	
□ No □ Yes	
Did you pay or agree to pay someone who is not an attor No	rney to help you fill out your bankruptcy forms?
Yes. Name of Person	aration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the risk have read and understood this notice, and I am aware th attorney may cause me to lose my rights or property if I or	at filing a bankruptcy case without an
1 Mm 290 x	
Signature of Debtor 1	Signature of Debtor 2
Date 4-14-17 MM/DD/YYYY	Date MM / DD / YYYY
Contact phone 773 - 837-1211	Contact phone
Cell phone	Cell phone
Email address Duhart 10.@ Yahoo.com	Email address

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:)	
)	
Debtor (s))	Case No.
Deoloi (s))	Chapter
)	

List of Creditors

IL Department of Children and family Services Child support	42,000
Sprint wirdess service	3,000
Verison wheles	2,000
Comcast Networt	3,000
T Mobile Service	1,700

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Debtor 1

IL Departement of Unemployment Isosurace	14,000
City of ChicaGo Department of Revenue	23,000
Internel Revenue Service	3,000

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IRS
P.O. Box 7346
Philadelphia, PA 19101-7346

Lvnv Funding Llc Po Box 740281 Houston, TX 77274

Nco Financial Systems, 600 Holiday Plaza Dr Ste Matteson, IL 60443

Peoples Gas c/o Bankruptcy Department 130 E. Randolph Drive Chicago, IL 60602

PLS Loan Store 9902 W. Western Ave. Chicago, IL 60643

PLS Loan Store 2132 E. 71st Street Chicago, IL 60649

Professnl Acct Mgmt In 633 W Wisconsin Ave Ste Milwaukee, WI 53203

Rent Recover, Llc (Original Creditor:Jef 729 N Route 83 #320 Bensenville, IL 60106

Rjm Acq Llc 575 Underhill Blvd Ste 2 Syosset, NY 11791

Ross Kleiman PLS Financial Services, Inc 300 N. Elizabeth, 4th Floor Chicago, IL 60607

Sallie Mae Po Box 9500 Wilkes Barre, PA 18773

Gase 12-45138 | Top 1 Files 14444 ND

> Simmons Fnb Pob 7009 Pine Bluff, AR 71611

Stroger Hospital 1969 W Ogden Ave Chicago, IL 60612

Untd Res Sys (Original Creditor: Medical) 10075 W Colfax Ave Lakewood, CO 80215

US Payday Loans 8127 South Cicero Chicago, IL 60652 aso 12.45130

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American Collections 919 Estes Ct Schaumburg, IL 60193

Cbe Group 1309 Technology Pkwy Cedar Falls, IA 50613

Chase Bank 2310 W. 95th St Chicago, IL 60643

Chase Bank 340 S. Cleveland Ave, Bldg 370 Westerville, OH 43081

Chicago Ambulance Alliance 8200 W 185th Street Ste N Tinley Park, IL 60477

Christ Hospital 4440 W. 95th st. Oak Lawn, IL 60453

city of chicago parking 121 N Lasalle Street ROOM 107A Chicago, IL 60602

Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603

ComEd 3 Lincoln Center Attn: Bankruptcy Section Oakbrook Terrace, IL 60181

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007 Document Page 14 of 28

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Illinois Dept. of Human Services PO Box 19407 Springfield, IL 62794

Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515

IRS
Special Procedures - Insolvency
PO Box 7346
Philadelphia, PA 19101

Jefferson Capital Systems LLC 16 McLeland Road Saint Cloud, MN 56303

Katherine Knazze 1335 S. Prairie Chicago, IL 60605

Orion c/o Recovery Management Systems Cor 25 SE 2nd Ave, Suite 1120 Miami, FL 33131

Payday Loan Store of Indiana 800 Jorie Blvd, 2nd Floor Oak Brook, IL 60523

People's Gas 401 S State St Chicago, IL 60697

Phylicia Renee Jackson 8037 S. Clyde Chicago, IL 60617

Premier BankCard/Charter po box 2208 Vacaville, CA 95696

Quantum3 Group LLC PO Box 788 Kirkland, WA 98083-0788 Sprint Nextel PO Box 7949 Overland Park, KS 66207

T-Mobile Bankrupctcy Department PO Box 53410 Bellevue, WA 98015

Title Lenders d/b/a USA Payday Loans 8127 So. Cicero Chicago, IL 60652

University of Arkansas at Pine Bluf 1200 University Dr Pine Bluff, AR 71601

US Bank 800 Nicollet Mall Minneapolis, MN 55402

Verizon Wireless Bankruptcy Department PO Box 3397 Bloomington, IL 61702 Diversified Adjustment 600 Coon Rapids Blvd Nw Coon Rapids, MN 55433

Dpt Ed/Slm
Po Box 9635
Wilkes Barre, PA 18773

Edfl Svcs/Idapp 120 N Seven Oaks Dr Knoxville, TN 37922

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Futre Financ 15859 S Ridgeland Suite D Oak Forest, IL 60452

Harris and Harris 222 Merchandise Mart Plaza Suite 1900 Chicago, IL 60654

Helvey & Associates 1015 E Center St Warsaw, IN 46580

IL Dept of Employment Security 33 S. State Street 8th Floor Chicago, IL 60603

IL Dept of Unemployment Security Attn: Benefit Repayment Collection PO BOX 19286 Springfield, IL 62794

Illinois Tollway Attn: Legal Dept 2700 Ogden Ave Downers Grove, IL 60515 ADT Security Services PO Box 551200 Jacksonville, FL 32255

AT&T Mobility One AT&T Way Room 3A104 Bedminster, NJ 07921

Bank Of America PO Box 15726 Wilmington, DE 19886

Cavalry SPV 500 Summit Lake Dr Ste 400 Valhalla, NY 10595

City of Chicago Dept of Revenue c/o Arnold Scott Harris 111 W Jackson, Suite 600 Chicago, IL 60604

Comcast Cable PO Box 3002 Southeastern, PA 19398

ComEd PO Box 6111 Carol Stream, IL 60197

Edfinancial Services 10 Turtle Creek Lane Little Rock, AR 72202

Future Finance Company c/o Gordon & Centracchio 211 W Wacker Suite 500 Chicago, IL 60606

Illinois Dept of Employment Sec PO Box 4385 Chicago, IL 60680

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B6F (Official Form 6F) (12/07) - Cont.			

In re	Neekhoach N Duhart	Case No.	77 77 77 77 77 77 77 77 77 77 77 77 77
	Debtor		

ODEN TOOL OF THE PARTY OF THE P	To	Н	sband, Wife, Joint, or Community	T~	777	<u></u>	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HWJC	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXT_ZGWZH	OZ C O _ C C	D-SEDHED	AMOUNT OF CLAIM
Account No.			Medical Bill	T	T E		
Christ Hospital 4440 W. 95th st. Oak Lawn, IL 60453					U		4 000 00
Account No.	\vdash		Parking Tickets			_	1,000.00
city of chicago parking 121 N Lasalle Street ROOM 107A Chicago, IL 60602				110000000000000000000000000000000000000			7,000.00
Account No. xxxxx14N1	\vdash		Opened 12/01/11 Last Active 7/01/12	+		\dashv	
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603			Medical	TATAL TO THE PARTY OF THE PARTY			4 274 00
Account No. xxxxx15N1			Opened 3/01/12 Last Active 10/01/12	$\downarrow \downarrow$	_	4	1,271.00
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603			Medical				394.00
Account No. xxxxx07N1	\dashv	\dashv	Opened 3/01/12 Last Active 9/01/12	H	+	+	
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603			Medical				394.00
Sheet no. 1 of 8 sheets attached to Schedule of			<u> </u>	LLE	L ntal	+	
Creditors Holding Unsecured Nonpriority Claims			(Total of ti)	10,059.00

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	3. 4. 4. 4. 4.	CONTRACTOR AND ADVISOR OF CONTRACTOR AND ADVISOR AND ADVISOR OF CONTRACTOR AND ADVISOR ADVISOR AND ADVISOR ADVISOR AND ADVISOR AND ADVISOR ADVISOR ADVISOR AND ADVISOR ADVISOR ADVISOR ADVISOR AND ADVISOR ADV	Toes Man
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B6F (Official Form 6F) (12/07)

ln re	Neekhoach N Duhart	Case No.	
		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	١ç	HL	sband, Wife, Joint, or Community	ç	υ	٥.	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NT L NGE	ח-מח-ם	T E	AMOUNT OF CLAIM
Account No. xx1397		Τ	Opened 11/17/09 Last Active 12/01/10	Ī	Ā		
American Collections 919 Estes Ct Schaumburg, IL 60193		•	Collection Tcf National Bank II		ED		991.00
Account No. xxxxx1190	_	 	Opened 6/08/12 Last Active 7/01/12	╁			
Cbe Group 1309 Technology Pkwy Cedar Falls, IA 50613		*	Collection Directv		The state of the s	THE WANTED	925.00
Account No.	1		NSF	 	┢		
Chase Bank 2310 W. 95th St Chicago, IL 60643		7					200.00
Account No.	╂		Mar Atra A Pari	Ш			200.00
Chicago Ambulance Alliance 8200 W 185th Street Ste N Tinley Park, IL. 60477			Medical Bill	***************************************			100.00
0	-4	L	S	ubte	ota		* *
8 continuation sheets attached			(Total of t	is t	pag	e)	2,216.00

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Neekhoach N Duhart

In re

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Case	NO	

Debtor

CREDITOR'S NAME	Č	Hu	sband, Wife, Joint, or Community	Ç	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H ⊗ J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZH-ZGWZ	DETECTION	D_SP.DF#D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxxxx0110			Opened 1/19/11 Last Active 10/01/12	Ť	E		
Dpt Ed/Slm Po Box 9635 Wilkes Barre, PA 18773			Educational		D		1,419.00
Account No. xxxxxxxxxxxx0001	╁	L	Opened 11/29/04 Last Active 10/01/12	-			1,410.00
Edfl Svcs/Idapp 120 N Seven Oaks Dr Knoxville, TN 37922			Educational				2,751.00
Account No. xxxxxxxxxxxxx5475 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104			Opened 8/17/11 Last Active 10/01/11 CreditCard				400.00
Account No. xxxx4642 Futre Financ 15859 S Ridgeland Suite D Oak Forest, IL 60452		•	Opened 3/13/09 Last Active 10/15/10 Automobile	A THE TERM WHITE A THE TERM AND A TH	**************************************		2,662.00
Account No. xxx2504 Helvey & Associates 1015 E Center St Warsaw, IN 46580		4	Opened 9/14/11 Last Active 3/01/12 ReturnedCheck Kroger Check Recovery Center	A TAXABATA	West and the second sec	Who	173.00
Sheet no. 4 of 8 sheets attached to Schedule of	Lİ	1		<u> </u>	otal	\dashv	7,405.00

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In re	Neekhoach N Duhart	Case No.	

	Debtor		

ODEDITORS	Tc	Hu	sband, Wife, Joint, or Community	10	U	Τn	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	TZW0Z-	DELLOUMDA	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxxx0090			Opened 1/08/09 Last Active 10/01/12 Educational	7	E		
Dpt Ed/SIm Po Box 9635 Wilkes Barre, PA 18773		-	Educational		U		7,520.00
Account No. xxxxxxxxxxxxxxx0090		-	Opened 7/27/09 Last Active 10/01/12			-	
Dpt Ed/Slm Po Box 9635 Wilkes Barre, PA 18773		4	Educational		THE PARTY OF THE P	***************************************	3,666.00
Account No. xxxxxxxxxxxxxxxx0090			Opened 1/08/09 Last Active 10/01/12	T	_	-	
Dpt Ed/SIm Po Box 9635 Wilkes Barre, PA 18773		1	Educational		TTT MANUAL.	***************************************	3,500.00
Account No. xxxxxxxxxxxxxxx0090	╁┈		Opened 9/16/09 Last Active 10/01/12				0,000.00
Dpt Ed/Slm Po Box 9635 Wilkes Barre, PA 18773		£	Educational				1,750.00
Account No. xxxxxxxxxxxxxxx0110			Opened 1/19/11 Last Active 10/01/12	H			1,750.00
Dpt Ed/Slm Po Box 9635 Wilkes Barre, PA 18773		-	Educational	THE PARTY OF THE P			1,750.00
Sheet no. 3 of 8 sheets attached to Schedule of		LL	<u> </u>	ubte	otal		, , , , , , , , , , , , , , , , , , ,
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his p	oag	e)	18,186.00

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In re	Neekhoach N Duhart	Case No.	
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CEDITODIC NAME:	С	HL	isband, Wife, Joint, or Community	Tĉ	Τu	TD	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	COCHBHOCK	A H	DATE OF ANALYSIS INCOMES AND	CONFIZGEZ	021-00-04	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxx51N1		Γ	Opened 2/01/12 Last Active 7/01/12	⊢ Ā	A T E D		
Collect Sys 8 South Michigan Suite 618 Chicago, IL 60603		-	Medical		D		
Account No.	+	-	Electric Bill	-	<u> </u>		394.00
ComEd 3 Lincoln Center Attn: Bankruptcy Section Oakbrook Terrace, IL 60181		1					1,500.00
Account No. xxxx5820	†	╁	Opened 6/10/10	+			-
Convergent Outsourcing 800 Sw 39th St Renton, WA 98057			Collection Sprint				720.00
Account No. xxxx9668	-		Opened 1/12/12 Last Active 2/01/12	+		\dashv	720.00
Credit Management Lp 4200 International Pkwy Carrollton, TX 75007		-	Collection Comcast - Chicago				1,352.00
Account No. xxxx5800	+-		Opened 5/06/12 Last Active 6/01/12	+		-	1,002.00
Diversified Adjustment 600 Coon Rapids Blvd Nw Coon Rapids, MN 55433		-	Collection Us Cellular	7,755			673.00
Sheet no. 2 of 8 sheets attached to Schedule of				Subte	otal	+	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his p	age	:)	4,639.00

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B6D (Official Form 6D) (12/07)

ln re	Neekhoach N Duhart	Case No.
	Debtor	

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Contingent". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT OF CONTINGENT CREDITOR'S NAME ODEBTOR DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE CLAIM SPUTED Н AND MAILING ADDRESS UNSECURED WITHOUT W INCLUDING ZIP CODE. PORTION, IF DEDUCTING J AND ACCOUNT NUMBER ANY VALUE OF С OF PROPERTY (See instructions above.) COLLATERAL SUBJECT TO LIEN Account No. Title Loan 2004 Pontiac Grand Prix **US Payday Loans** 8127 South Cicero Chicago, IL 60652 Value \$ 7,875.00 1,000.00 0.00 Account No. Value \$ Account No. Value \$ Account No. Value \$ Subtotal continuation sheets attached 1,000.00 0.00 (Total of this page) 1,000.00 0.00 (Report on Summary of Schedules)

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In re	Neekhoach N Duhart	Case No.	
		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community CODESTOR CONTINUENT UNLIQUIDATED DISPUTED CREDITOR'S NAME. MAILING ADDRESS Н DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. INCLUDING ZIP CODE w AND ACCOUNT NUMBER AMOUNT OF CLAIM C (See instructions above.) Account No. xxxx6062 Opened 7/09/10 Last Active 9/01/10 **Collection Tcf Bank** ProfessnI Acct Mgmt In 633 W Wisconsin Ave Ste Milwaukee, WI 53203 77.00 Account No. xxxxxxxxx6091 Opened 2/11/10 Last Active 11/01/12 **Collection Jeffery Apartme** Rent Recover, Llc (Original Creditor:Jef 729 N Route 83 #320 Bensenville, IL 60106 2,482.00 Account No. xxxxxxx3418 Opened 10/19/10 Last Active 9/01/12 FactoringCompanyAccount Bank Of America **Checking Accou** Rjm Acq Llc 575 Underhill Blvd Ste 2 Syosset, NY 11791 417.00 Account No. xxxxxxxxxxxxxxxxx1009 Opened 10/09/03 Last Active 10/01/12 Educational Sallie Mae Po Box 9500 Wilkes Barre, PA 18773 1,165.00 Account No. xxxxxxxxxxxxxxxxxxx1009 Opened 10/09/03 Last Active 10/01/12 Educational Sallie Mae Po Box 9500 Wilkes Barre, PA 18773 315.00 Sheet no. 6 of 8 sheets attached to Schedule of Subtotal

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

4,456.00

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CREDITOR'S NAME,	Co	HL	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	OD#B±OR	H W J C	IS SUBJECT TO SETOFF, SO STATE.	CONT-NGENT	DE L'OULDATED	SPUTED	AMOUNT OF CLAIM
Account No.	4		Overpayment of Benefits]	Ë		
IL Dept of Unemployment Security Attn: Benefit Repayment Collection PO BOX 19286 Springfield, IL 62794		*					17,000.00
Account No. xxxxxxxxxxx8173		├_	Opened 9/23/11 Last Active 1/01/08				17,000.00
Lvnv Funding Llc Po Box 740281 Houston, TX 77274		***************************************	FactoringCompanyAccount Cortrust Cortrust Bank N.A.				654.00
Account No. xxxx1110	+		Opened 7/12/12 Last Active 10/01/12				
Nco Financial Systems, 600 Holiday Plaza Dr Ste Matteson, IL 60443		1	Collection Illinois State Toll Hwy Author	WANTED THE THE TAXABLE AND THE	110000000000000000000000000000000000000		645.00
Account No.	╁	-	Gas Bill		-		
Peoples Gas c/o Bankruptcy Department 130 E. Randolph Drive Chicago, IL 60602					***************************************		1,500.00
Account No.			Payday Loan	$\vdash \mid$		-	,,500.00
PLS Loan Store 9902 W. Western Ave. Chicago, IL 60643				mintwist			1,000.00
Sheet no. 5 of 8 sheets attached to Schedule of	?	1	S	ubto	tal	1	20 700 00
Creditors Holding Unsecured Nonpriority Claims			(Total of th	is p	age	;)	20,799.00

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In re	Neekhoach N Duhart	Case No
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CREDITOR'S NAME,	ļķ	Hu	sband, Wife, Joint, or Community	Ϊç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZHLZGEZ	UNLLQUIDATED	SPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx0004	Г		Opened 1/26/07 Last Active 10/01/12	ŢΪ	T		
Simmons Fnb Pob 7009 Pine Bluff, AR 71611	**************************************	*	Educational		Ď		5,522.00
Account No. xxxxxxxxxxxx0002		П	Opened 12/09/05 Last Active 10/01/12	T			Marketter 1
Simmons Fnb Pob 7009 Pine Bluff, AR 71611		1	Educational	ANA			5,004.00
Account No. xxxxxxxxxxxx0001		П	Opened 12/09/05 Last Active 10/01/12	T		П	
Simmons Fnb Pob 7009 Pine Bluff, AR 71611		4	Educational		**************************************	MANUFACTURE AND ADDRESS OF THE PARTY AND ADDRE	2,625.00
Account No. xxxxxxxxxxxx0003			Opened 1/26/07 Last Active 10/01/12	\dagger	_	\Box	
Simmons Fnb Pob 7009 Pine Bluff, AR 71611			Educational				2,625.00
Account No.			Medical Bill	\Box			
Stroger Hospital 1969 W Ogden Ave Chicago, IL 60612		3	••.		SOLUTION AND ADDRESS OF THE PARTY OF THE PAR		700.00
Sheet no. 7 of 8 sheets attached to Schedule of			5	Subte	otal	1	40.470.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nis r)ag	e)	16,476.00

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CREDITOR'S NAME,	16	Hu	sband, Wife, Joint, or Community	18	U	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H 🛠 J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COMMINGENT	LIQUD4	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxx90N1	Γ	Γ	Opened 5/01/12 Last Active 9/01/12	Ť	Ĩ		
Untd Res Sys (Original Creditor:Medical) 10075 W Colfax Ave Lakewood, CO 80215		-	Collection Medical		Ď		777.00
	╙	ļ	Miles Market Market State Community		<u> </u>	_	777.00
Account No.							
Account No.	-	\vdash					
Account No.							
							TV T
Account No.							
							To the second se
Sheet no. 8 of 8 sheets attached to Schedule of			S	ubto	otal	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of th			- 1	777.00
			(Report on Summary of Sci	To	otal		85,013.00

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ill in this information to identify yo	our case:		
when Neckharch	Winds Dy F		
Pirat Name	Middle Name Last Name	-	
ebtor 2 pouse, if filing) First Name	-	.	•
	Middle Name Last Name		
nited States Bankruptcy Court for the:	District of		
ase number known)			
•			Check if this is
	*		amended filing
Official Form 106Dec	2		
	•		·
veciaration Ab	out an Individual D	ebtor's Schedules	12/15
	ether, both are equally responsible for sup		
You must file this form whenever	you file bankruptcy schedules or amended	schedules. Making a false statement, concealin	g property, or
optaining money or property by fr	and in connection with a bankruptcy case c	an result in fines up to \$250,000, or imprisonme	ent for up to 20
years, or both. 18 U.S.C. §§ 152, 13	141, 1519, and 3571.		
	•	•	
Sign Below			
	•		. [
Did you pay or agree to pay so	meone who is NOT an attorney to help you	fill out bankruptcy forms?	•
· 19 No			1 f
Yes. Name of person	•	Attach Bankruptcy Petition Preparer's Notice, Declaration	e.
	•		. and
			n, and
	<u></u>	Signature (Official Form 119).	n, and
			n, and
			n, and
			n, and
Under penalty of perjury, I decl	are that I have read the summary and sched	Signature (Official Form 119).	n, and
Under penalty of perjury, I declar that they are true and correct.		Signature (Official Form 119).	n, and
Under penalty of perjury, I declar that they are true and correct.		Signature (Official Form 119).	n, and
Under penalty of perjury, I declinate they are true and correct.	are that I have read the summary and sched	Signature (Official Form 119).	n, and
Under penalty of perjury, I declar that they are true and correct.		Signature (Official Form 119).	n, and
Under penalty of perjury, I declar that they are true and correct. * June 19 10 10 10 10 10 10 10 10 10 10 10 10 10	are that I have read the summary and sched	Signature (Official Form 119).	n, and

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Date ______